



Office of General Services  
Office of Business Diversity

Design and Construction

AN ISO 9001:2015 CERTIFIED ORGANIZATION

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CONTRACTOR'S SDVOB UTILIZATION PLAN

☐ Revised Plan

Contract No.:

47336E

Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward SDVOB utilization.

Submit completed responses to [DCSDVOB@ogs.ny.gov](mailto:DCSDVOB@ogs.ny.gov)

Contractor's Name, Address and Federal ID No.: O'Connell Electric Co., Inc. 830 Phillips Road Victor NY 14564 Federal ID No.: 16-0950645		Contract Description/Location: Java Salt Barrn Work/Job Order:		Date Proposal Approved:	Date Printed:	Bid Date: 3/23/2023	SDVOB GOAL 3%
		OGS Project Number: 47336-E		Work Order Value:	Contract Amount: 107,150.00		

Certified SDVOB Name, Address and Phone No.	Description of Subcontracting/Supplies	Anticipated performance/purchase date(s)	Dollar Value of Subcontract/Supplies	SEE BDC 328.15
AMBuild Supply 6605 Pittsford Palmyra Road, Suite E10 Federal ID No.: 83-4175894	Electrical Supplies	8/1/2023	\$3,250.00	<input type="checkbox"/>
Federal ID No.:				<input type="checkbox"/>
Federal ID No.:				<input type="checkbox"/>
Federal ID No.:				<input type="checkbox"/>
Federal ID No.:				<input type="checkbox"/>
FOR OGS USE ONLY				<input type="checkbox"/>

Pursuant to Executive Law Article 17-B, my firm will engage in a good faith effort to achieve the SDVOB goals on this contract.		Contractor's Comments:	
Contractor's Signature: 			
Enter Name: Brad Keatley			
Title: Estimator			
E-Mail Address: brad.keatley@oconnellelectric.com		Date: 3/27/2023	
FOR OGS USE ONLY <input checked="" type="checkbox"/> Accepted <input type="checkbox"/> Accepted as Noted <input type="checkbox"/> Notice of Deficiency Issued SDVOB % \$		OGS Authorized Signature:  Enter Name: Shafia Booker Date: 03/29/2023	